DOCUMENT RESUME

ED 308 934 PS 018 094

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TITLE Effects of Family Support Intervention on Maternal Life-Course Development.
SPONS AGENCY National Inst. of Child Health and Human Development (NIH), Bethesda, Md.
PUB DATE 28 Apr 89
GRANT NICHHD-HD-03008
NOTE 10p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (Kansas City, MO, April 27-30, 1989).
PUB TYPE Reports - Evaluative/Feasibility (142) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Family Programs; Family Size; Followup Studies; *Intervention; Mothers; Parenting Skills; *Poverty; *Program Effectiveness; Program Evaluation; *Social Support Groups; Socioeconomic Status; Urban Areas
IDENTIFIERS *Family Support

ABSTRACT

Effects of a small but intensive family support program provided to impoverished inner-city parents who had had a healthy firstborn child during the period of 1968-1970, were examined. Services were: (1) based on a clinical, family-support model; (2) individually tailored to each family; (3) provided by a team of pediatricians, social workers, psychologists, and day care workers; and (4) provided from the child's birth to 30 months postpartum. Approximately 10 years after the program ended, outcomes for mothers were examined in the areas of family size, socioeconomic status, and parenting style. When intervention and control group participants were compared, positive long-term effects of intervention were found in all three areas. The families of intervention mothers were smaller than those of control mothers. Years after the intervention had ended, intervention mothers were overwhelmingly likely to be part of a self-supporting family, either because of their own commitment to education and job training, or because they had married someone who could support them. Intervention mothers had good relationships with their children and were able to parent their children effectively. It is concluded that the results provide evidence that early, clinically based family support intervention can have long-lasting effects for care receivers. (RH)

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1. Paper presented at the Biennial Meeting of the Society for Research in Child Development, Kansas City, Missouri, April 28, 1989. This research was supported by grant HD03008 from the National Institute for Child Health and Human Development. Author's address: Department of Psychology, Box 11A Yale Station, New Haven, CT 06520-7447.

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More is known about effects of intervention programs focusing on children than about those focusing on caregivers. We have been examining the effects of a small but intensive family support program provided to impoverished inner-city parents who delivered a healthy firstborn child in 1968-1970. The services were provided by a team of pediatricians, social workers, psychologists, and day care workers, and they continued from the child's birth to 30 months postpartum. The services were based on a clinical, family-support model. They were based on the assumption that the most pressing problems faced by one family would be different from those faced by another, so that no fixed or prescribed curriculum or agenda would be appropriate. Instead, services were individually tailored to each family. They were designed to help parents solve their own life problems as well as to better understand how to support their children's development. Regular medical care was provided for the child by a pediatrician, frequent home visits were made by a social worker, nurse, or clinical psychologist, and the parents observed periodic developmental testing of their child. For those parents who wished it--all but one--day care was also provided for the children.

A time-lag control group was recruited, studying families who would have been served by the program had its funding permitted it to be continued. Both groups of children were assessed at 30 months of age (Rescorla, Provence, & Naylor, 1982).

We have recently studied the results of the intervention approximately 10 years after the program ended, when the firstborn children in the intervention group were 13 years old. As reported in a recent publication (Seitz, Rosenbaum, & Apfel, 1985), the children's IQs were unaffected by this kind of program, but their socialization and school adaptation was greatly enhanced. When we looked at effects for mothers, the intervention mothers had borne significantly fewer children, completed significantly more years of education and job training, and were significantly more likely to have become self-supporting than control mothers.

Because of the time-lag design, control children are about 2 years younger than intervention children. We therefore have reinterviewed the control mothers when their children were 13 to 13 and 1/2 years old (the same age as the intervention children at the last data collection). We were able to relocate 15 of the 17 original matched pairs of subjects.

Results

We examined outcomes for mothers in three areas: (1) family size, (2) socioeconomic status and (3) parenting style. Positive long-term effects of intervention were found in all three areas.

Family Size

The family size of intervention mothers continues to be smaller than that of control mothers. When their firstborn was 13 years old, 87% of intervention mothers had limited their total family size to no more than 2 children, whereas this was true for 47% of control mothers (Mantel-Haenzel Chi Square [1] = 5.22, $p < .03$). Intervention mothers waited a median of 9 years before having a second child, whereas for control mothers, the median was 5 years.

Socioeconomic Status

Almost all intervention families (87%) have become self-supporting, whereas only about half (53%) of control families have (Mantel-Haenzel Chi Square [1] = 3.84, $p < .05$). In addition to the smaller family size just described, there appear to be two mechanisms involved in producing this outcome--maternal education and marriage.

Education. The two groups of mothers were comparable in education when their children were born and 30 months later (averaging approximately 11-11.5 years of education at each time). When their firstborns were 13 years old, the two groups still did not differ in formal education, although there is a trend favoring the intervention mothers (M = 12.9 versus 11.7 years for intervention versus control mothers, t [28] = 1.75, $p < .09$). Where the two groups did differ significantly is in having obtained additional years of job training or education for particular kinds of employment, such as attending secretarial school. When we define extended education as years of formal schooling plus years of job training, intervention mothers have completed significantly more years of education than have control mothers (M = 13.2 versus 11.9 years for intervention versus control mothers, t [28] = 2.14, $p < .05$).

Marital Status. The two groups of mothers have never differed at any measurement time in the proportion who were married. (About half are married). However, they differ in that, over time, the intervention mothers who are married appear to have been more successful in marrying men who could help to support them and their children. Intervention mothers have been likely to marry someone other than their first child's biological father, whereas control mothers almost never have done so (67% of the married intervention mothers are married to a man who is not the biological father of

their first child, whereas this is true for 14% of the married control mothers).

In both groups, fewer than half (40%) of the mothers were married to the biological father of their first child or living with him in a stable relationship when their child was born. Many of these women had essentially been deserted by the father of their baby during their pregnancy (some fathers were married to other women; some broke off with the mother when her pregnancy was discovered; some left town.)

What appears to have happened over time is that intervention mothers have made better use than control mothers of the two primary means of becoming economically self-sufficient, education and marriage. Control mothers have not pursued education and job training to the same degree and they have been conspicuously unsuccessful in competing in the marriage market.

Mothers who have had clinical help in resolving their most pressing life problems, in coming to meaningful educational and childbearing decisions, and in becoming better and more effective parents are likely to be more successful in attracting desirable marriage partners. Having only one child, rather than 2 or more, is probably also a factor in this outcome.

In sum, ten years after the intervention had ended, project mothers were overwhelmingly likely to be part of a self-supporting family, either because of their own commitment to education and job training, or because they had married someone who could support them.

Parenting Style

We have previously found that intervention mothers were more likely to seek out information from teachers about their child's school progress than

were control mothers. This continued to be true when the children were equated for age. Eighty percent of the intervention mothers contacted teachers and participated in their children's school life on their own initiative, whereas only 33% of control mothers did so (Mantel-Haenzel Chi Square [1] = 6.43, $p < .02$). We hypothesize that this active style arose from their earlier interactions with the day-care staff, interactions that developed an expectation that there should be active interchange between parents and the institutions that care for their children.

Continuing this practice so many years after the program ended also suggests that they feel competent to deal with whatever information such exchanges reveal. In contrast, control mothers appear to be operating under the premise that "no news is good news" in regard to their children's academic life.

We also assessed quality of parenting by examining the mothers' answers to questions about how they resolved disagreements--about household chores, homework, and friends the parents didn't approve of--and about what most pleased and displeased them about their child. We rated quality of parenting based on the reciprocity of communication between parent and child and the degree to which parents were exerting their influence over the child in cases of unacceptable behavior. Each area received a rating from 0 to 2 to indicate that it was "poor," "intermediate," or "good." The quality of parenting score, which was the sum of the two ratings, could thus range from 0 to 4. Ratings of the interview responses were made by a person who was blind to the group assignment of the subjects. Interscorer reliability was $r = .94$ between this rater and a second, independent rater.

The intervention mothers received significantly higher ratings on this measure than did control mothers (M = 2.7 versus M = 1.5, respectively, t[28]

= 2.87, $p < .01$). The effect was found to be sex-related. The mothers of girls were comparable in the two groups. For parents of boys, however, the groups differed substantially (M = 2.7 versus 0.9, respectively, $t[18] = 3.92$, $p < .001$). Mothers of control boys tended to score very poorly on this measure. Fifty percent of control mothers of boys received the lowest possible score of zero, whereas none of the intervention mothers of boys did (Mantel-Haenzel Chi Square [1] = 6.33, $p < .02$).

Examples from the interviews illustrate the kinds of parenting difficulties the mothers of control boys reported. Mrs. Q. commented that Sam doesn't want to do housework and that "I yell until he does it. He feels he has lots of 'rights.' I tell him he has none." Mrs. V. told the interviewer that her son stayed out all night without her knowledge of his whereabouts and that he had stopped going to school. She also reported that she would lock her apartment when she went to work in the morning, and, while she was gone her son would break in with friends and use drugs and engage in sexual activity. Another mother reported that her son was "hanging out with older [22-24 year old] people into drugs" and that he was on probation for possession of marijuana. In stark contrast to these stories of parents who feel they have no control over their children's lives when they become adolescents, are the families who descibe how their children get into scrapes and misunderstandings at school or even with the police, but who help them turn these into learning situations. One boy whose family rated high on the quality of parenting scale got into trouble shoplifting; the family "grounded" him, wouldn't allow him to be with tne boy who shoplifted with him for a while, and withheld the new bike for which he had been waiting. However, his parents felt that he had learned from the experience and was "a

good kid," and they appreciated the child care he provided for his younger siblings. His mother commented "he pleases me the bulk of the time."

In general there is a picture emerging of intervention mothers who have a good relationship with their children and who are able to manage and parent their children effectively. It is not that these mothers have become "super mothers," but rather that they have become what Winnicott (1965) and Bettelheim (1987) have termed "good enough" parents--they are good enough to be able to effectively counteract the serious environmental influences on their children's lives. In the control group, many of the boys and their mothers have troubled relationships in which the mothers feel helpless to prevent antisocial behavior.

The results of this study provide evidence that early, clinically based, family support intervention can have very long lasting effects for caregivers. We examined results in three areas of the mothers' life course development: childbearing, socioeconomic status, and parenting style. Long-term positive results were found in all three areas. In contrast to control mothers, intervention mothers showed a slow but steady improvement in life circumstances over time. They have also, especially the mothers of boys, consistently shown better ability to parent their children.

Our results are similar to those from recent studies providing nurse home visitation to impoverished pregnant women or support programs for pregnant teenagers in showing voluntary reduction in childbearing and greater maternal return to school following intervention (Hardy, King, Shipp & Welcher, 1981; Olds, Henderson, Tatelbaum, & Chamberlin, 1988). Many questions remain to be answered about the timing, targeting, and content of family support intervention, but there is considerable encouragement to continue to examine the effects of such caregiver focused approaches to intervention.

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